PART B - FEE(S) TRANSMITTAL

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appropriate. All further of indicated unless correcte maintenance fee notificat	d below or directed ot	ng the Patent, advance onerwise in Block 1, by (a) specifying a new co	rrespondence address	s; and/or	(b) indicating a sep	t correspondence address as parate "FEE ADDRESS" for		
	ENCE ADDRESS (Note: Use B	. !	Fee(s) Transmittal, Th	nis certif al paper.	icate cannot be used , such as an assignme	or domestic mailings of the for any other accompanying ent or formal drawing, must			
VENABLE LL P.O. BOX 34385 WASHINGTON		J. 1000 . 100 . 1	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
		STENTAT	ENDENS				(Depositor's name)		
		· · · · ·				··-	(Signature)		
							(Date)		
APPLICATION NO.	APPLICATION NO. FILING DATE			OR	ATTORNEY DOCKET NO. CONFIRMATION NO.				
10/666,548 09/22/2003 Eikichi Suda 38323-193276 5550									
		CE FOR HEALTH INDE		_	T				
• APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	JE PREV. PAID ISSU	IE FEE	TOTAL FEE(S) DUE			
nonprovisional	YES	\$720	\$300	03 <i>1</i> 86/2	008 NNC	GUYEH2 80000041 8	220261 03/07/2008 220261 10666548		
EXAMINER ART U		ART UNIT	CLASS-SUBCLASS	01 FC:5		720.00 DA			
TOTH, KAREN E 3735			600-481000	02 FC:1504 300.00 DA					
"Fee Address" indic	nce address or indication ondence address (or Cha /122) attached. cation (or "Fee Address 2 or more recent) attach	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
. ASSIGNEE NAME AN	ND RESIDENCE DATA	A TO BE PRINTED ON	I THE PATENT (print or	type)					
PLEASE NOTE: Unle	ess an assignee is ident	ified below, no assignee bletion of this form is NO	data will appear on the	e patent. If an assign	nee is id	entified below, the d	document has been filed for		
(A) NAME OF ASSIG	-	netion of this form is NO	(B) RESIDENCE: (C)	-	COUNT	RY)			
Nihon Seimit	su Sokki Co.	, Ltd.	Gunma, Ja	apan					
lease check the appropria	ate assignee category or	categories (will not be pr	rinted on the patent):	☐ Individual 基本C	orporati	on or other private gr	oup entity Government		
a. The following fee(s) a Issue Fee Publication Fee (No Advance Order - #	o small entity discount p	4b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 22-0201 (enclose an extra copy of this form).							
. Change in Entity State	•	· · · · · · · · · · · · · · · · · · ·				<u> </u>			
• •	SMALL ENTITY statu		b. Applicant is no	•			(0)()		
nterest as shown by the re	ecords of the United Sta	tes Patent and Trademark	d from anyone other that Office.	in the applicant; a reg	istered a	ittorney or agent; or t	he assignee or other party in		
Authorized Signature _	_Gthell	Varher	Date March 5, 2008						
Typed or printed name <u>Catherine M. Voorhees</u> Registration No. 33,074									

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PTO/SB/17 (10-07)
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Complete if Known

Fees pursuant to t	Effective on 12/08 he Consolidated Appro	Application Number		10/666,548-Conf. #5550									
FEE TRANSMITTAL				Filing Date		September 22, 2003							
				First Named Inventor		Eikichi Suda							
	For FY 2	Examiner Name		K. E. Toth									
X Applicant	claims small entity sta	Art Unit		3735									
TOTAL AMOUNT	OF PAYMENT	(\$) 1,020	.00	Attorney Docket No. 38323-193276									
METHOD OF PAYMENT (check all that apply)													
Check Credit Card Money Order None Other (please identify):													
X Deposit Account Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP													
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)													
x Ct	narge fee(s) indicate	d below		Char	ge fee(s) indi	cated below, ex	cept for ti	ne filing fee					
X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17													
FEE CALCUL	` ′												
1. BASIC FILIN	G, SEARCH, AND E	XAMINATION F	EES				•						
	F	ILING FEES		ARCH FEES		ATION FEES		,					
Application Ty	pe Fee (Small Entity \$) Fee (\$)	Fee (\$	Small Entity) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	Paid (\$)					
Utility	310		510	255	210	105							
Design	210	105	100	50	130	65							
Plant	210	105	310	155	160	80							
Reissue	310	155	510	255	620	310							
Provisional	210	105	0	0	0	0							
2. EXCESS CLA	NIM FEES							Small Entity					
Fee Description							Fee (\$)	Fee (\$)					
Each claim over 20 (including Reissues)								25					
Each independent claim over 3 (including Reissues)							210	105					
Multiple depend							370	185					
Total Claims	Extra Claims	Fee (\$)	Fee	Paid (\$)		Itiple Depende							
	- 20 = ber of total claims paid fo				Fee	· (\$)	ee Paid (\$	7					
Indep. Claims	Extra Claims	Fee (\$)	Feel	Paid (\$)				_					
	-3 =	x =		uiu (4)									
	ber of independent claim	s paid for, if greater the	nan 3.										
3. APPLICATIO	N SIZE FEE												
If the specifica	tion and drawings e	exceed 100 sheets	of paper	(excluding elec	tronically file	ed sequence or	computer						
listings und	er 37 CFR 1.52(e)),	the application s	ize fee du	ie is \$260 (\$130	for small ent	tity) for each a	dditional 5	0					
	action thereof. See					F (8)	Eco	Boid (\$)					
<u>Total Sheet</u>		_		dditional 50 or fr		Fee (\$)	<u> </u>	Paid (\$)					
100 = /50 = (round up to a whole number) x =													
•	4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)												
Other (e.g., late filing surcharge): 2501 Utility issue fee								720.00					
1504 Publication fee for early, voluntary, or normal 300.00													
SUBMITTED BY													
Signature	(offul)	Il Jacke		Registration No. (Attorney/Agent)	33,074	Telephone	(202) 34	4-4000					
Name (Print/Type)	Catherine M. Vo	orhees				Date	March 5	2008					